

<i>SERFF Tracking Number:</i>	<i>PFMD-127983601</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pacific Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>10-1230</i>		
<i>TOI:</i>	<i>A05I Individual Annuities- Immediate Non-Variable</i>	<i>Sub-TOI:</i>	<i>A05I.000 Annuities - Immediate Non-variable</i>
<i>Product Name:</i>	<i>Single Premium Immediate Annuity</i>		
<i>Project Name/Number:</i>	<i>Single Premium Immediate Annuity/10-1230</i>		

## Filing at a Glance

Company: Pacific Life Insurance Company

Product Name: Single Premium Immediate Annuity      SERFF Tr Num: PFMD-127983601      State: Arkansas

TOI: A05I Individual Annuities- Immediate Non-Variable      SERFF Status: Closed-Approved- Closed      State Tr Num:

Sub-TOI: A05I.000 Annuities - Immediate Non-variable      Co Tr Num: 10-1230      State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Anne Sexton, zSERFFstaff      Disposition Date: 01/26/2012

zIndustrySupportLJ, Brian Deleget,

Maysy Novak, zSERFFStaff

zIndustrySupportLS, Craig Hopkins

Date Submitted: 01/20/2012

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Single Premium Immediate Annuity

Project Number: 10-1230

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: It has been submitted for review and approval to the Interstate Insurance Compact and is pending approval.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 01/26/2012

State Status Changed: 01/26/2012

Deemer Date:

Created By: Anne Sexton

Submitted By: Anne Sexton

Corresponding Filing Tracking Number: 10-1230

SERFF Tracking Number: PFMD-127983601 State: Arkansas  
Filing Company: Pacific Life Insurance Company State Tracking Number:  
Company Tracking Number: 10-1230  
TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable  
Variable  
Product Name: Single Premium Immediate Annuity  
Project Name/Number: Single Premium Immediate Annuity/10-1230

#### Filing Description:

The above referenced fixed immediate annuity forms are being submitted for your review and approval. These are new forms and will not replace any forms currently on file with any state insurance department.

Single Premium Immediate Annuity 10-1230 (also known as a 'SPIA' in the industry vernacular) will be issued on both a qualified and non-qualified tax status basis. An applicable IRA Rider, as described below, will be added to contracts issued on a qualified tax status basis. This form does not provide for either separate accounts or variable benefits.

Application 25-1230 is part of each SPIA contract 10-1230 and the application will be attached to the contract and made a part of it at issue.

For contracts issued to a qualified tax status owner, form 15-28945 ("IRA Rider") will be attached to the contract 10-1230 to comply with the requirements of Internal Revenue Code Sections pertaining to IRAs and tax-qualified plans. The form will be used with new issues only and it will only be used with the above-referenced contract form, in the jurisdictions where it, the contract form and application are filed. The IRA Rider form was approved by the Arkansas department of insurance on February 22, 2011, SERFF filing number PFMD-126942434.

The SPIA product these forms represent will be offered as a 'direct' sale with no sales intermediary or as a 'non-direct' sale, that is, with the involvement of a licensed producer.

The contracts will be issued to individuals or can be issued to non-natural entities, i.e. trusts, for Non-Qualified contracts.

The forms are submitted in final print and subject to only minor modification in paper size, stock, ink, border, Company logo and adaptation to electronic media or computer printing. These forms are to the best of our knowledge, information and belief, in compliance with the regulations of your jurisdiction.

## Company and Contact

#### Filing Contact Information

Anne Sexton, Compliance Analyst  
700 Newport Center Drive  
RSD- Compliance  
Newport Beach, CA 92660

anne.sexton@pacificlife.com  
949-219-3924 [Phone]  
949-718-5783 [FAX]

#### Filing Company Information

Pacific Life Insurance Company  
700 Newport Center Drive

CoCode: 67466  
Group Code:

State of Domicile: Nebraska  
Company Type:

SERFF Tracking Number: PFMD-127983601 State: Arkansas  
Filing Company: Pacific Life Insurance Company State Tracking Number:  
Company Tracking Number: 10-1230  
TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable  
Variable  
Product Name: Single Premium Immediate Annuity  
Project Name/Number: Single Premium Immediate Annuity/10-1230  
RSD - ISP/Contracts & Compliance Group Name: State ID Number:  
Newport Beach, CA 92660 FEIN Number: 95-1079000  
(949) 219-3924 ext. [Phone]

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation: \$50 per form, 2 forms, total is \$100.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pacific Life Insurance Company	\$100.00	01/20/2012	55654666

SERFF Tracking Number:	PFMD-127983601	State:	Arkansas
Filing Company:	Pacific Life Insurance Company	State Tracking Number:	
Company Tracking Number:	10-1230		
TOI:	A05I Individual Annuities- Immediate Non-Variable	Sub-TOI:	A05I.000 Annuities - Immediate Non-variable
Product Name:	Single Premium Immediate Annuity		
Project Name/Number:	Single Premium Immediate Annuity/10-1230		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/26/2012	01/26/2012

<i>SERFF Tracking Number:</i>	<i>PFMD-127983601</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pacific Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>10-1230</i>		
<i>TOI:</i>	<i>A05I Individual Annuities- Immediate Non-Variable</i>	<i>Sub-TOI:</i>	<i>A05I.000 Annuities - Immediate Non-variable</i>
<i>Product Name:</i>	<i>Single Premium Immediate Annuity</i>		
<i>Project Name/Number:</i>	<i>Single Premium Immediate Annuity/10-1230</i>		

## Disposition

Disposition Date: 01/26/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PFMD-127983601 State: Arkansas

Filing Company: Pacific Life Insurance Company State Tracking Number:

Company Tracking Number: 10-1230

TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable  
Variable

Product Name: Single Premium Immediate Annuity

Project Name/Number: Single Premium Immediate Annuity/10-1230

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Individual Single Premium Immediate Annuity Contract		Yes
Form	Individual Single Premium Immediate Annuity Application		Yes

SERFF Tracking Number: PFMD-127983601 State: Arkansas

Filing Company: Pacific Life Insurance Company State Tracking Number:

Company Tracking Number: 10-1230

TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable  
Variable

Product Name: Single Premium Immediate Annuity

Project Name/Number: Single Premium Immediate Annuity/10-1230

## Form Schedule

### Lead Form Number: 10-1230

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	10-1230	Policy/Cont Individual Single ract/Fratern Premium Immediate al Annuity Contract Certificate	Initial		51.000	10-1230 SPIA Contract.pdf
	25-1230	Policy/Cont Individual Single ract/Fratern Premium Immediate al Annuity Application Certificate	Initial		51.000	25-1230 SPIA Application.pdf



# PACIFIC LIFE

[Pacific Life Insurance Company  
700 Newport Center Drive  
Newport Beach, CA 92660

800-800-9534]

## READ YOUR CONTRACT CAREFULLY

This is a legal contract between **you** (the "Owner") and **Pacific Life Insurance Company**, a stock company, (hereinafter referred to as "**we**", "**us**", "**our**" and the "**Company**").

We agree to pay the benefits provided under this Contract, subject to its provisions.

We have issued this Contract in consideration of the application and payment of the Purchase Payment.

**Right to Cancel – You may return this Contract within [20] days of receipt. To do so, mail it to us at our Service Center or to the agent who sold it to you. We will refund your Purchase Payment, less any prior payments made by us.**

## PACIFIC LIFE INSURANCE COMPANY

[

Chairman and Chief Executive Officer

Secretary

]

## INDIVIDUAL SINGLE PREMIUM IMMEDIATE ANNUITY CONTRACT

**Individual Single Premium Immediate Annuity  
Immediate Annuity – No Cash Value  
Non-Participating – No Annual Dividends  
Annuity Payments Specified in Contract Specifications**



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## **CONTRACT SPECIFICATIONS**

### **CONTRACT DATA**

**Contract Number:** [9999XXXX]

**Contract Effective Date:** [ March 1, 2012 ]

**Contract Type:** [Qualified] [Non-Qualified]

**Purchase Payment:** \$[ 100,000 ]\*

\*If the Purchase Payment was paid by check other than a cashier's check, any refund under the **Right to Cancel** provision may be delayed until your check has cleared.

**Primary Owner:** [ John Doe ]

**[Joint Owner:]** [     ]

### **ANNUITY SPECIFICATIONS**

**Annuity Option:** [Life Only]

**[Guaranteed Period:]** [   ]

**Annuity Frequency:** [Monthly]

#### **Annuity Option Description:**

[Payments for Annuitant's lifetime. Upon Annuitant's death, payments cease. There is no death benefit. ]

**Annuity Payment:** [\$1,000]

**Annuity Start Date:** [April 1, 2012]

**Annuitant:** [John Doe]

**Annuitant's Age:** [ 65 ]

**Annuitant's Sex:** [ M ]

**[Joint Annuitant:]** [     ]

**[Joint Annuitant's Age:]** [   ]

**[Joint Annuitant's Sex:]** [....]

**[Joint & Survivor Annuity Percentage:]** [xx%]

**[Annual Percentage Increase:** [ 2.00%]  
(compounded annually)

**Annual Effective Date:** [April 1, 2013]  
and each [April 1] thereafter ]

### **SERVICE CENTER**

#### **Send Forms and written requests to:**

[Pacific Life Insurance Company  
P.O. Box 84307  
Lincoln, NE 68501-4307

**Hours:** Between 6:00 am and 5:00 pm, Pacific Standard Time.

**Toll-Free Number for Contract Owners:** 1-800-800-9534]

## DEFINITIONS:

**Age** – The Annuitant's age, as applicable, at his or her last birthday.

**Annuitant** – The person you have named on the application. The Annuitant's life is used to determine the Annuity Payment along with the Joint Annuitant, if any. The Annuitant or Joint Annuitant must be under age 96 as of the Contract Effective Date. The continued life of the Annuitant and Joint Annuitant, if any, is required for the continuance of life payments under this Contract. The Annuitant is shown on the Contract Specifications page. The Annuitant cannot be changed.

**Annuity Start Date** – The date Annuity Payments are scheduled to begin. The Annuity Start Date is shown on the Contract Specifications, unless later changed upon mutual agreement between you and us.

**Annuity Option** – The Annuity Option is described on the Contract Specifications page.

**Annuity Payment** – The Annuity Payment is shown on the Contract Specifications page. The Annuity Payment is the amount we agree to pay at the Annuity Frequency shown on the Contract Specifications page, subject to the provisions of this Contract.

**Beneficiary** – The person you name who may receive any remaining annuity benefits in accordance with the provisions of this Contract.

**Code** – The Internal Revenue Code of 1986, as amended.

**Contingent Beneficiary** – The person, if any, you select to become the Beneficiary if the Beneficiary dies.

**Contract Type** – The Contract Type of this Contract is as stated on the Contract Specifications page. If the Contract Type is Non-Qualified, it means that you have indicated in the application that this Contract is not to be delivered in connection with a retirement plan or arrangement that provides its participants and their retirement funding with favorable federal income tax treatment under the Code. If the Contract Type is Qualified, it means that you have stated in the application that this Contract is to be delivered in connection with a retirement plan or arrangement that provides its participants and their retirement funding with favorable federal income tax treatment under the Code.

**Joint Annuitant** – The Joint Annuitant, if any, is the person you have named whose life expectancy, along with that of the Annuitant, is used to determine the Annuity Payment. The Joint Annuitant's continued life may be required for payments to continue depending on the Annuity Option applicable to this Contract. The Joint Annuitant cannot be changed.

**Notice Date** – The day on which we receive, in a form satisfactory to us, proof of death and instructions satisfactory to us regarding payment of any remaining annuity payments.

**Owner(s), you or your** – The person(s), or entity, who controls all rights and benefits granted under this contract, including the right to designate a Payee and Beneficiary. The Owner is as named in the Contract Specifications page, unless later changed by you. Any changes in Owner designation, unless otherwise specified by the Owner, shall take effect on the date the notice of change is signed by the Owner, subject to any payments made or actions taken by us prior to receipt of the notice. For Non-Qualified Contracts, if you wish to change the Owner, you must do so by Written Request. If there are joint owners, Owner means the last survivor of the joint owners, unless otherwise stated. Qualified Contract Owners generally cannot be changed.

**Payee** – The person designated by the Owner to receive the Annuity Payment under this Contract. Unless otherwise designated, the Primary Owner is the Payee.

**Purchase Payment** – The amount paid to us, by or on behalf of an Owner, as consideration for the benefits provided under this Contract.

**Service Center** – Our mailing address shown in the Table of Contents page. We will notify you of any change in our mailing address.

**Written Request** – A request in writing, signed by you, on a form we accept and which is received at our office.

**You/you and Your/your** – The person or persons named as Owner(s) in the Contract Specifications.

## **CONTRACT PROVISIONS**

### **Purchase Payment**

The Purchase Payment you pay for this Contract is shown on the Contract Specifications page. The Purchase Payment is the cost of the contract. The Purchase Payment is payable on or before the Contract Effective Date at our office in Newport Beach, California.

### **Benefits**

This is an immediate annuity, which means that in exchange for the Purchase Payment you have paid, we will make periodic payments of a fixed amount. The fixed amount is the Annuity Payment shown on the Contract Specifications page. If you have chosen an annuity with an Annual Percentage Increase, the fixed amount is subject to an annual increase as stated on the Contract Specifications page. The payments are made at the Annuity Frequency beginning on the Annuity Start Date, as shown on the Contract Specifications page.

If the Annuitant or Joint Annuitant, if any, is living on the Annuity Start Date, we will pay the benefits described according to the Annuity Option stated on the Contract Specifications page.

### **Death of Annuitant before the Annuity Start Date**

If the Annuitant and Joint Annuitant, if any, are not living on the Annuity Start Date, we will refund the Purchase Payment, less any prior payments made by us. The proceeds will be paid to the first person among the following who is living:

- (a) the Owner;
- (b) the Joint Owner;
- (c) the Beneficiary;
- (d) the Contingent Beneficiary; or
- (e) the Owner's estate.

We will have no further obligations under this Contract after the refund of the Purchase Payment, less any prior payments made by us.

### **Death of Annuitant after the Annuity Start Date**

If the sole surviving Annuitant dies after the Annuity Start Date, and the Annuitant is not the Owner, any remaining payments under the Annuity Option in effect will be paid to the first person among the following who is living:

- (a) the Owner;
- (b) the Joint Owner;
- (c) the Beneficiary;
- (d) the Contingent Beneficiary; or
- (e) the Owner's estate.

### **Death of Owner before the Annuity Start Date**

If an Owner dies before the Annuity Start Date, and the Owner is not an Annuitant, we will refund the Purchase Payment, less any prior payments made by us. The proceeds will be paid to the first person among the following who is living:

- (a) the surviving Joint Owner;
- (b) the Beneficiary;
- (c) the Contingent Beneficiary; or
- (d) the Owner's estate.

## **CONTRACT PROVISIONS - continued**

### **Death of Owner after the Annuity Start Date**

If an Owner dies after the Annuity Date, and the Owner is not an Annuitant, any remaining payments under the Annuity Option in effect will be paid to the first person among the following who is living:

- (a) the surviving Joint Owner;
- (b) the Beneficiary;
- (c) the Contingent Beneficiary; or
- (d) the Owner's estate.

### **Beneficiary**

The Beneficiary is the person you name who may receive any remaining annuity payments after the Annuity Start Date, if the Annuitant or Owner dies. If you leave no surviving Beneficiary, your estate may receive any remaining annuity payments. If more than one person is named within the same class of Beneficiary, any payment will be made in equal shares to the survivors or survivor among such persons, unless otherwise provided. You may add, change, or remove any Beneficiary, subject to the terms of any assignment, at any time prior to the death of the Annuitant or Owner, by providing us with a request in a form satisfactory to us. Qualified Contracts may have additional restrictions on naming and changing Beneficiaries. Any change or addition will take effect on the date the notice of change is signed by the Owner, subject to any payments made or actions taken by us prior to receipt of the notice.

If the Beneficiary is a trust, we will not be responsible for verifying a trustee's right to receive any remaining annuity payments. If before payment of any remaining annuity payments, we receive proper notice that the trust has been revoked or is not in effect, then any remaining annuity payments payable will be paid to any Contingent Beneficiary, if there is none, then to the Owner's estate. You may add, change, or remove any Beneficiary, subject to the terms of any assignment, at any time prior to the death of the Annuitant or Owner, by providing us with a request in a form satisfactory to us.

## **GENERAL PROVISIONS**

### The Contract

This Contract is issued in consideration of your application and payment of the Purchase Payment. This Contract, the attached application and any riders and endorsements, constitute the entire contract. All statements made by or for the applicant will be considered representations and not warranties. No statement shall void this contract or be used in defense of a claim unless it is contained in the written application and a copy of the application is attached to this Contract when issued.

### Cash Values

This Contract does not have cash or surrender values and cannot be surrendered in exchange for a lump sum.

### Assignment

If this is a Non-Qualified Contract, you may assign all rights and benefits under this Contract. If this is a Qualified Contract, you may not assign it except for limited purposes. You should consult with your tax adviser before assigning your Contract. We are not bound by an assignment until we have received written notice acceptable to us. Unless otherwise specified by the Owner, an assignment shall take effect on the date the notice of assignment is signed, subject to any payments made or actions taken by us prior to receipt of this notice. We are not responsible for the validity of any assignment.

### Incontestability

We will not contest the validity of this Contract.

### Misstatement of Age or Sex

If the age and/or sex of an Annuitant or Joint Annuitant, if any, have been incorrectly stated, any amount payable under this Contract shall be adjusted to the amount that the Purchase Payment would have purchased for the correct age(s) and sex(es). Any underpayments or overpayments made by us due to such misstatement shall be added to or deducted from the payments to be made after the adjustment with interest at 3% compounded annually.

### Change of Beneficiary or Annuitant

You may change the Beneficiary by Written Request to us. The change will take effect from the date of your Written Request, except for payments already made when we receive your Written Request. A Beneficiary designated irrevocable may not be changed without the written consent of that Beneficiary. You may not change any Annuitant or Joint Annuitant.

### Claims of Creditors

The payments under this Contract are not subject to the claims of your creditors, to the extent permitted by law.

### Non-Participation

This Contract does not participate in the profits or surplus of Pacific Life Insurance Company. There are no annual dividends payable to the Owner.

### Premium Taxes

If applicable in the jurisdiction in which you reside, the amount of any premium tax imposed on us relating to this Contract will be deducted in accordance with our then current practice and any applicable jurisdictional law regarding premium taxes.

If premium tax rates change under laws of the jurisdiction in which you reside, the applicable premium tax may also change. If you change the jurisdiction in which you reside, the premium tax may or may not apply.

## **GENERAL PROVISIONS - continued**

### Proof of Life or Death

We may require proof of the life or death of the Annuitant or, if any, Joint Annuitant. We may require this any time while the Contract is in force or before making any payment, but not more than once a year. Proof of death is defined to mean: (a) a copy of a certified death certificate; (b) a copy of a certified decree of a court of competent jurisdiction as to a finding of death; (c) a written statement by a medical doctor who attended the deceased; or (d) any other proof satisfactory to us.

### Tax Qualification – For Qualified Contracts

This Contract is intended to qualify as an annuity contract for federal income tax purposes and to satisfy any applicable requirements of the Code, e.g., Code Section 72(s) or 401(a), and any Regulations relating thereto. To achieve these purposes, the provisions of this Contract, including any endorsement or rider to this Contract that does not specifically override these tax qualification provisions, are to be interpreted to ensure or maintain such a tax qualification, despite any other provision to the contrary. Any benefits, payments or distributions under this contract shall be conformed or restricted to, or made in, any amount, time and manner necessary to maintain such a tax qualification under the applicable provisions of the Code. We reserve the right to amend this Contract to reflect any clarifications that may be needed or are appropriate to maintain such a tax qualification or to conform this Contract to any applicable changes in the tax qualification requirements. We will send you a copy of any such amendment, and when required by law, we will obtain the approval of the appropriate regulatory authority.

### Restrictions for Qualified Contracts

Qualified Contracts may not have a Joint Owner and generally the Annuitant must be the Owner.

### Taxability of Payments

For Qualified contracts, each payment may be taxable in the year that it is made. For Non-Qualified contracts, a portion of each payment may be taxable in the year when the payment is made. After the end of each calendar year, we are required to report to the Internal Revenue Service certain payments or other amounts relating to this Contract for that calendar year.

### Who is Authorized to Make Changes to this Contract

Any change to this Contract or waiver of any of its provisions can only be made by us, in writing and signed by the President and Secretary of Pacific Life Insurance Company.

### Withholding Taxes

We reserve the right to withhold from all payments made or deemed made under this Contract, any taxes required to be withheld by applicable federal or state law, unless the Owner or Payee elects otherwise pursuant to applicable withholding rules.



**PACIFIC LIFE**

Pacific Life Insurance Company • [ 700 Newport Center Drive • Newport Beach, CA 92660 ]

**Individual Single Premium Immediate Annuity  
Immediate Annuity – No Cash Value  
Non-Participating – No Annual Dividends  
Annuity Payments Specified in Contract Specifications**



**PACIFIC LIFE**

Pacific Life Insurance Company  
[P.O. Box 9000, Newport Beach, CA 92658-9030  
or 700 Newport Center Drive, Newport Beach, CA 92660  
www.PacificLife.com  
Contract Owners: (877) 536-4382]

**Single Premium  
Immediate Annuity  
Application**

**1. PRIMARY ANNUITANT** *Must be an individual.*

Name (First, Middle, Last)		Birth Date (mo/day/yr)		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address	City, State, ZIP		SSN	
Residential Address (if different than mailing address)	City, State, ZIP			

**JOINT ANNUITANT** *Complete only if section 8B or 8E is selected.*

Name (First, Middle, Last)		Birth Date (mo/day/yr)		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address	City, State, ZIP		SSN	
Residential Address (if different than mailing address)	City, State, ZIP			

**2. PRIMARY OWNER** *If annuitant and owner are the same, do not complete this section.*

Name (First, Middle, Last)		Birth Date (mo/day/yr)		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address	City, State, ZIP		SSN/TIN	
Residential Address (if different than mailing address)	City, State, ZIP		Telephone Number:	

**JOINT OWNER** *Not applicable for qualified contracts.*

Name (First, Middle, Last)		Birth Date (mo/day/yr)		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address	City, State, ZIP		SSN/TIN	
Residential Address (if different than mailing address)	City, State, ZIP		Telephone Number:	



**3. BENEFICIARIES** *If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. Use Section 7, Special Requests, to provide additional beneficiary information.*

Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %

**4. CONTRACT TYPE** *Select ONE.*

<input type="checkbox"/> Non-Qualified	<input type="checkbox"/> Qualified (Includes Traditional IRA)
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**5. PURCHASE PAYMENT** *Make check payable to Pacific Life Insurance Company.*

**5A. NON-QUALIFIED CONTRACT PAYMENT TYPE**

☐ Amount enclosed ..... \$ \_\_\_\_\_

**5B. QUALIFIED CONTRACT PAYMENT TYPE**

*Indicate type of payment.*

☐ Transfer ..... \$ \_\_\_\_\_  
 OR  
☐ Rollover ..... \$ \_\_\_\_\_

**6. REPLACEMENT**

**6A. EXISTING INSURANCE**

CHECK ONE

☐ Yes ☐ No

Do you have any existing life insurance or annuity contracts with this or any other company?  
*(Default is "Yes" if neither box is checked.)*

**6B. REPLACEMENT**

CHECK ONE

☐ Yes ☐ No

Will the purchase of this annuity result in the replacement, termination or change in value of any existing life insurance or annuity in this or any other company? If "Yes," provide the information below for each policy or contract being replaced and attach any required state replacement forms. NOTE: Pacific Life does not accept Non-Qualified 1035 exchange business or Qualified individual annuity-to-annuity transfer business.

Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced <input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity
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**7. SPECIAL REQUESTS** *If additional space is needed, attach a letter signed and dated by the owner(s).*



**8. ANNUITY INFORMATION** *Select only ONE.*

*Note: The payment amount is based on the Desired Annuity Type, number of guaranteed years, and/or any percentage to continue to a Joint Annuitant. Proof of age is required unless 8D is selected. Please provide a copy of a birth certificate, valid passport, valid driver's license, or naturalization records.*

	Desired Annuity Option	Description	Payment Amount
8A.	<input type="checkbox"/> Life Only Annuity	Payments for Annuitant's lifetime. Upon Annuitant's death, payments cease. There is no death benefit.	\$
8B.	<input type="checkbox"/> Joint and Survivor Life Annuity: Percentage to continue to Joint Annuitant <input type="checkbox"/> 50% <input type="checkbox"/> 66 2/3% <input type="checkbox"/> 75% <input type="checkbox"/> 100%	Payments for Annuitant's lifetime. Upon Annuitant's death, payments will continue to the Joint Annuitant in the percentage you select, for the lifetime of the Joint Annuitant. There is no death benefit.	\$
8C.	<input type="checkbox"/> Period Certain with Life Annuity: [ <input type="checkbox"/> 5 Years <input type="checkbox"/> 10 Years <input type="checkbox"/> 15 Years <input type="checkbox"/> 20 Years ]	Payments for Annuitant's lifetime. Upon Annuitant's death prior to the end of the term you select, your beneficiary will continue to receive payments until the number of payments due under the term you select have been made.	\$
8D.	<input type="checkbox"/> Period Certain Only: [ <input type="checkbox"/> 5 Years <input type="checkbox"/> 10 Years <input type="checkbox"/> 15 Years <input type="checkbox"/> 20 Years ]	Payments for the term you select only. Upon Annuitant's death prior to the end of the term you select, your beneficiary will continue to receive payments until the number of payments due under the term you select have been made.	\$
8E.	<input type="checkbox"/> Joint and Survivor Life Annuity with Period Certain:  Percentage to continue to Joint Annuitant <input type="checkbox"/> 50% <input type="checkbox"/> 66 2/3% <input type="checkbox"/> 75% <input type="checkbox"/> 100%  Period Certain: [ <input type="checkbox"/> 5 Years <input type="checkbox"/> 10 Years <input type="checkbox"/> 15 Years <input type="checkbox"/> 20 Years ]	Payments for Annuitant's lifetime. Upon Annuitant's death prior to the end of the term you select, the Joint Annuitant will continue to receive full payments until the number of payments due under the term you select have been made. Thereafter, payments will continue, in the percentage you select, for the lifetime of the Joint Annuitant. If both Annuitant and Joint Annuitant die prior to the end of the term you select, the designated beneficiary will receive the remaining full payments until the number of payments due under the term you select have been made.	\$
8F.	<input type="checkbox"/> Single Life with Cash Refund Annuity	Payments for Annuitant's lifetime. Upon Annuitant's death, your beneficiary will receive the balance, if any, of the Single Premium minus the total payments made to the Annuitant, paid in a single lump sum.	\$

**9. ANNUAL PERCENTAGE INCREASE** *Select only ONE.*

*Note: Your payment amount will change each year if you have an Annual Percentage Increase. The Annuitant's payment amount, if an Annual Percentage Increase is chosen, will increase each year on the Annuitant's Start Date by the selected percentage. The payment amount will be compounded every year. Default is "No Increases" if the boxes in this section are not checked.*

<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;">CHECK ONE</div> <div> <input type="checkbox"/> No Increases           <input type="checkbox"/> 1.00%           <input type="checkbox"/> 2.00%           <input type="checkbox"/> 3.00%           <input type="checkbox"/> 4.00%           <input type="checkbox"/> 5.00% </div> </div>
--

**10. Payment Detail**

<b>10A. Frequency</b> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;">CHECK ONE</div> <div> <input type="checkbox"/> Monthly           <input type="checkbox"/> Quarterly           <input type="checkbox"/> Semiannually           <input type="checkbox"/> Annually </div> </div>
<b>10B. Payment Start Date:</b> ____/____/____ <div style="text-align: center; margin-top: -10px;">       Mo      Day      Year     </div> <p style="font-size: small; margin-top: 10px;">[Payment dates may only be on the 1<sup>st</sup> of each month.]</p>



**11. Income Tax Withholding** Complete the following applicable lines. *NOTE: If you DO NOT complete the information below, Pacific Life must withhold on periodic payments as if you are married claiming three withholding allowances.*

1. Check here if you <b>do not want any</b> federal income tax withheld from your annuity. (Do not complete lines 2 or 3.) <input type="checkbox"/>	
2. Total number of allowances and marital status you are claiming for withholding from each periodic annuity payment. (You may also designate an additional dollar amount on line 3.) Enter number of allowances: _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher "Single" rate.	
3. Additional amount, if any, you want withheld from each annuity payment. (Note: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) \$ _____	
Note: If you do not want the default state tax withholding, write in the desired withholding amount in the Special Requests Section or consult your tax advisor to obtain your state's specific withholding form.	

**12. ALTERNATE DELIVERY/PAYEE INSTRUCTIONS** Unless indicated below, check will always be made payable to the primary owner and sent to the primary owner's address of record. Only complete this section if check is to be made payable to an alternate payee or if the check should be mailed to an alternate address for the primary owner. Please note that in situations where the Owner and Payee are different, there may be tax consequences to the Owner.

Name of Payee (First, Middle, Last) (if applicable):			
Street Address:	City:	State:	ZIP:

**13. Electronic Funds Transfers (EFTs)** Complete this section if you want annuity payments to be electronically transferred to the payee's checking or savings account and attach a void check or deposit slip to this form. If account type is not indicated and you do not include a void check, the information provided will be processed as a checking account. From the time the annuity payment is processed from your contract to the time the funds are received by your financial institution generally takes 2-3 business days. Starter checks are not acceptable to establish EFTs. EFTs to a third party are not permitted.

Financial Institution Name:		Financial Institution Telephone Number:	
Financial Institution Account Number:	Financial Institution ABA Routing Number:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Tape a voided check or deposit slip here:			



**14. FRAUD NOTICE:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

**15. STATEMENT OF OWNER(S)** I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination. I, the owner(s), understand that I have applied for a single premium immediate annuity contract ("contract") issued by Pacific Life Insurance Company. After reviewing my financial background with my registered representative/producer, if there was one involved with this proposed purchase, I believe this contract, including the benefits of its insurance features, will meet my financial objectives based in part upon my age, income, net worth, and tax status, and any existing investments, annuities, or other insurance products I own. If applicable, I considered the appropriateness of full or partial replacement of any existing life insurance or annuity. I understand that once my contract is issued, the annuity option and features cannot be changed. If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative/producer, if there was one involved, the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. All answers to questions and statements made on this application are to the best of my knowledge and belief. I certify, under penalties of perjury, that I am a U.S. person (including a U.S. resident alien) and that the taxpayer identification number is correct. I understand that Pacific Life will automatically code my distributions as substantially equal periodic payments under IRC § 72(t) or 72(q) if all qualifications are met. If my distributions increase, decrease, or stop, I understand that I am fully responsible for all resulting tax consequences. Additionally, I will notify Pacific Life if I am aware that my distributions should not be coded as a 72(t) or 72(q) distribution.

CHECK  
IF YES

☐ Yes

By checking "Yes" I certify that no producer was involved in the proposed purchase of this annuity. I am purchasing this annuity contract on my own and without a recommendation from anyone.

Owner's Signature <div>SIGN HERE</div>	Date (mo/day/yr) <div>DATE</div>	Signed at: City <div>CITY</div>	State <div>STATE</div>
Joint Owner's Signature (if applicable) <div>SIGN HERE</div>	Date (mo/day/yr) <div>DATE</div>		

**16. DISCLOSURE FOR NON-NATURAL OR CORPORATE OWNERS** *Signature required.*

**DECLARATIONS:**

Please read and sign at the bottom:

- I am a duly authorized individual signing on behalf of the Non-Natural/Corporate Owner purchasing the annuity and I am authorized and empowered to individually or collectively enter into contracts and financial transactions including but not limited to the purchase of any annuity, and exercise all ownership rights under the annuity in the Non-Natural/Corporate Owner's name.
- The Non-Natural/Corporate Owner is duly organized and existing in compliance with all laws and regulations.
- The Non-Natural/Corporate Owner shall notify Pacific Life in writing of a change in or revocation of authorized individuals, or any change in the Non-Natural/Corporate Owner's status that would cause any of the statements in the application to be incorrect or incomplete.
- The Non-Natural/Corporate Owner has consulted an independent tax and/or legal advisor for any information deemed necessary to understand the tax treatment of the annuity.
- The authorized individuals and Non-Natural or Corporate Owner agree to indemnify Pacific Life, its affiliates or representatives for liability of any kind arising out of or related to any acts or omissions taken by Pacific Life upon their instructions and in reliance on their representations to Pacific Life in connection with the annuity.
- I understand the provisions of this form and acknowledge that neither Pacific Life nor its representatives offer legal or tax advice.

For trust-owned contracts, complete the Trustee Certification form which will be provided separately.

Acknowledged and agreed, Non-Natural or Corporate Owner as stated in section 2:

Signature of Authorized Individual:

SIGN  
HERE



Print Name of Authorized Individual:

Annuitant's Relationship to Owner:

See page 6 for Registered Representative's/Producer's Statement, if applicable.



## 17. REGISTERED REPRESENTATIVE'S/PRODUCER'S STATEMENT


17A.		<input type="checkbox"/> Yes <input type="checkbox"/> No
17B.		<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)

Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued?

If "Yes," I affirm that I have instructed the applicant to answer "Yes" to the replacement question in Section 6B of this application.

I hereby certify that I have used only Pacific Life's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I certify that I have discussed the appropriateness of replacement and followed Pacific Life's written replacement guidelines. I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives. I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I certify that I followed suitability guidelines in the recommendation of this annuity and that this application is subject to review for suitability. I certify that I have truly and accurately recorded on the application the information provided to me by the applicant. If the applicant is an active duty member of the United States Armed Forces (including active duty military reserve personnel), I certify that this application was not solicited and/or signed on a military base or installation, and I provided to the applicant the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. **I further certify that, prior to soliciting the contract applied for, I have completed all state mandated annuity, insurance, and/or product training and agree to provide documentation of such completion upon request by Pacific Life.**

Soliciting Registered Representative's/Producer's Signature 	Print Registered Representative's/Producer's Full Name	Insurance License Number
Registered Representative's/Producer's Telephone Number	Registered Representative's/Producer's E-Mail Address	
Broker/Dealer's Name (optional)	Brokerage Account Number (optional)	

<i>SERFF Tracking Number:</i>	<i>PFMD-127983601</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pacific Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>10-1230</i>		
<i>TOI:</i>	<i>A05I Individual Annuities- Immediate Non-Variable</i>	<i>Sub-TOI:</i>	<i>A05I.000 Annuities - Immediate Non-variable</i>
<i>Product Name:</i>	<i>Single Premium Immediate Annuity</i>		
<i>Project Name/Number:</i>	<i>Single Premium Immediate Annuity/10-1230</i>		

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> I have attached the required Certifications and Notices. <b>Attachments:</b> AR SPIA 10-1230 Readability Cert.pdf Arkansas Reg 19 Cert for SPIA 10-1230.pdf N163AR ISP.pdf N186AR ISP.pdf		
<b>Satisfied - Item:</b> Application <b>Bypass Reason:</b> The Application that will be used with the contract is attached in the Form Schedule tab. <b>Comments:</b>		
<b>Satisfied - Item:</b> Life & Annuity - Acturial Memo <b>Comments:</b> <b>Attachment:</b> Actuarial Memo for 10-1230.pdf		
<b>Satisfied - Item:</b> Statement of Variability <b>Comments:</b> <b>Attachment:</b> SOV for 10-1230 25-1230 SPIA Contract Application.pdf		

PACIFIC LIFE INSURANCE COMPANY  
700 Newport Center Drive • Newport Beach, CA 92660

STATE OF ARKANSAS

**CERTIFICATION OF READABILITY**

This is to certify that the form(s) submitted herewith achieved the following reading ease score(s) as calculated by the Flesh Reading Ease Test and complies with the requirements of Arkansas State Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Simplification Act.

Form Number	Score
10-1230 and 25-1230	51.0



\_\_\_\_\_  
Company Officer

Nancy A. Hill  
\_\_\_\_\_  
Name

Assistant Vice President, Compliance  
\_\_\_\_\_  
Title

1/20/12  
\_\_\_\_\_  
Date

Contact Person:

Anne Sexton  
Sr. Compliance Analyst  
RSD - Product Compliance  
Email: [anne.sexton@pacificlife.com](mailto:anne.sexton@pacificlife.com)  
(949) 219-3924



PACIFIC LIFE INSURANCE COMPANY  
700 Newport Center Drive • Newport Beach, CA 92660

STATE OF ARKANSAS

REGULATION 19 CERTIFICATION

<u>Form Number</u>	<u>Form Description</u>
10-1230	Individual Single Premium Immediate Fixed Annuity Contract
25-1230	Individual Single Premium Immediate Fixed Annuity Application

I, Nancy A. Hill, hereby certify that the above form(s) meet the provisions of Regulation 19 as well as all applicable requirements of the Arkansas Department of Insurance.



\_\_\_\_\_  
Company Officer

\_\_\_\_\_  
Nancy A. Hill  
Name

\_\_\_\_\_  
Assistant Vice President Compliance  
Title

\_\_\_\_\_  
1/20/12  
Date

Contact Person:

Anne Sexton,  
Sr. Compliance Analyst  
RSD - Product Compliance  
Email: [anne.sexton@pacificlifec.com](mailto:anne.sexton@pacificlifec.com)  
(949) 219-3924

**Pacific Life Insurance Company  
700 Newport Center Drive  
Newport Beach, California 92660  
Contract Owners: 1-800-800-7646 x. 3442**

**LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH  
INSURANCE GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

**DISCLAIMER**

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

**The Arkansas Life and Health Insurance Guaranty Association**

c/o The Liquidation Division  
1023 West Capitol  
Little Rock, Arkansas 72201

**Arkansas Insurance Department**

1200 West Third Street  
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

**COVERAGE**

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

## **EXCLUSIONS FROM COVERAGE**

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

## **LIMITS ON AMOUNT OF COVERAGE**

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.



# PACIFIC LIFE

Pacific Life Insurance Company  
700 Newport Center Drive  
Newport Beach, CA 92660

## NOTICE

In accordance with the insurance laws of the state of Arkansas, we are required to provide you with the following insurance company, agent and state insurance department information:

### INSURANCE COMPANY

#### Home Office

Pacific Life Insurance Company  
700 Newport Center Drive  
Newport Beach, CA 92660  
Toll-Free Number: (between 6:00 a.m. and 5:00 p.m., Pacific Time)  
Contract Owners: 1-800-800-9534

#### Service Center

#### Send Forms and Written Requests to:

Pacific Life Insurance Company  
P.O. Box 84307  
Lincoln, Nebraska 68501-4307

### STATE INSURANCE DEPARTMENT

Arkansas Department of Insurance  
1200 W. Third Street  
Little Rock, Arkansas 72201-1904  
Phone: (501) 371-2600  
Fax: (501) 371-2618  
Consumer Services: (800) 852-5494; (501) 371-2640

# PACIFIC LIFE INSURANCE COMPANY

700 Newport Center Drive • Newport Beach, CA 92660

## STATEMENT OF VARIABILITY

### Form Number

### Form Description

10-1230

Individual Single Premium Immediate Annuity Contract

25-1230

Individual Single Premium Immediate Annuity Application

This Statement of Variability identifies and explains the variable items, denoted by brackets, contained in the above referenced contract and application forms.

### Individual Single Premium Immediate Annuity Contract Form No. 10-1230

Page No.	Bracketed (Variable) Text	Explanation of Variability/Range of Variables
Cover and Back Page	Company address & phone number	Current information shown. In the event of a change in the company address and/or phone number, the new information will be shown.
Cover	Right to Cancel	The standard right to cancel period is 20 days in non-replacement situations. In replacement situations, this period will reflect 30 days.
Cover	Officer Signatures & Titles	Current signatures and titles shown. In the event of a change in company officers, the new officer's signature and title will be shown.
3A	Contract Data	Contract Number and Contract Effective Date will change for each contract issue. Contract Type, Purchase Payment and Primary/Joint Owner will be as stated on the Application.
3A	Annuity Specifications, general	Case specific information that will change for each contract issue. These items are completed, as applicable, based on the information contained in the application.
3A	Annuity Option	The annuity option elected by the owner at the time of application will be displayed. Only one annuity option can be chosen per contract. The current annuity options available for election under the contract are <ul style="list-style-type: none"><li>• Life Only</li><li>• Life with Period Certain</li><li>• Life with Cash Refund</li><li>• Period Certain</li><li>• Joint and Survivor Life Annuity</li><li>• Joint and Survivor Life Annuity with Period Certain</li></ul>
3A	Guaranteed Period	This field will only appear if the chosen Annuity Option is a period certain annuity form.
3A	Annuity Frequency	The frequency will be elected at the time of application. It can be monthly, quarterly, semiannually or annually.
3A	Annuity Option Description	The description of the Annuity Option elected will be displayed. The current annuity option descriptions are <p><b>Life Only:</b> Payments for Annuitant's lifetime. Upon Annuitant's death, payments cease. There is no death benefit.</p> <p><b>Joint and Survivor Life Annuity:</b> Payments for Annuitant's lifetime. Upon Annuitant's death, payments will continue to the Joint Annuitant in the percentage you select, for the lifetime of the Joint Annuitant. There is no death benefit.</p> <p><b>Period Certain with Life Annuity:</b> Payments for Annuitant's lifetime. Upon Annuitant's death prior to the end of the term you select, your beneficiary will continue to receive payments until the number of payments due under the term you</p>

		<p>select have been made.</p> <p><b>Period Certain Only:</b> Payments for the term you select only. Upon Annuitant's death prior to the end of the term you select, your beneficiary will continue to receive payments until the number of payments due under the term you select have been made.</p> <p><b>Joint and Survivor Life Annuity with Period Certain:</b> Payments for Annuitant's lifetime. Upon Annuitant's death prior to the end of the term you select, the Joint Annuitant will continue to receive full payments until the number of payments due under the term you select have been made. Thereafter, payments will continue, in the percentage you select, for the lifetime of the Joint Annuitant. If both Annuitant and Joint Annuitant die prior to the end of the term you select, the designated beneficiary will receive the remaining full payments until the number of payments due under the term you select have been made.</p> <p><b>Single Life with Cash Refund Annuity:</b> Payments for Annuitant's lifetime. Upon Annuitant's death, your beneficiary will receive the balance, if any, of the Single Premium minus the total payments made to the Annuitant, paid in a single lump sum.</p>
3A	Annuity Payment, Annuity Start Date, Annuitant, Annuitant's Age, Annuitant's Sex, Joint Annuitant, Joint Annuitant's Age, Joint Annuitant's Sex	Customer specific information that will change for each contract issue. These items are completed, as applicable, depending on the circumstances of each particular Owner and Annuitant and the information contained in the application.
3A	[Joint & Survivor Annuity Percentage] [xx]	These fields will only appear if a joint and survivor annuity option is chosen.
3A	[Annual Percentage Increase], [Annual Effective Date], [month/day]	The fields for Annual Percentage Increase, Annual Effective Date, and month/day for the annual increase will only appear if an Annual Percentage Increase is chosen.
3A	Service Center address	Current service center address is shown. In the event of a change in the address of our Service Center, the new address will be shown.
3A	Toll-Free Numbers and Hours of Operation	Current toll-free numbers and hours of information are shown. Our toll-free numbers and hours of operation may change as a result of any address change in our Service Center, change of telephone number and/or business hours.

### **Individual Single Premium Immediate Annuity Application Form No. 25-1230**

<b>Bracketed (Variable) Text</b>	<b>Explanation of Variability/Range of Variables</b>
Company Addresses & Toll-Free Telephone Numbers Edition date	Current information shown. In the event of a change in the company address, internet address and/or toll-free telephone numbers, the new information will be shown, accordingly. The Edition date will be updated as well.
All pages Barcode and Date, bottom of each page	Barcodes will be assigned to this form as necessary and will change from time to time. The most current barcode revision date will be displayed to the left of the barcode.
Page 3 Sections 8C, 8D & 8E Certain Periods	Currently ranges from 5 to 20 years in 5 year increments, for future flexibility Period Certain may range from 1-40 years.
Page 3 Section 10B, Payment dates statement	In the event of future flexibility to have payment dates on dates other than the 1 <sup>st</sup> of a month, this statement will be removed.